

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10-600623**

FILING DATE

APPLICANT(S)

11/14/05

CLAIMS

	AS FILED		RECEIVED ASSESSMENT		ADJUSTED ASSESSMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		2		2		
4		0		0		
5		0		0		
6		0		0		
7		0		0		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		2		2		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		0		0		
24		0		0		
25		0		0		
26		0		0		
27		0		0		
28	1		1			
29	1		1			
30		1		1		
31	1		1			
32		1		1		
33		1		1		
34	1		1			
35			1			
36				1		
37				1		
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	→		6	→		
TOTAL DEP.		→	32	→		
TOTAL CLAIMS			38			

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
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100						
TOTAL IND.	→			→		
TOTAL DEP.		→		→		
TOTAL CLAIMS						